

Reconciliation of License Fee Withheld

During Year Ended

TO BE FILED WITH THE 4th QUARTER'S RETURN BY 01/31/
OR WITH THE FINAL QUARTERLY RETURN OF THE CLOSING
OF ANY BUSINESS EITHER BY SALE OR DISSOLUTION.

Prepare In Duplicate
Mail Original To:

WOODFORD COUNTY
FISCAL COURT

103 SOUTH MAIN ST ROOM 201
VERSAILLES KY 40383

EMPLOYER'S NAME AND ADDRESS

Account Number

Federal I.D. Number

Phone Number

TOTAL NUMBER OF EMPLOYEES FOR THE YEAR

ANNUAL RECONCILIATION

(1) Total Wages Paid For The Year	\$	
(2) Total License Fee Withheld For The Year	\$	

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments		COLUMN C Total For Year
January		\$	1st	
February				
March				
April		\$	2nd	
May				
June				
July		\$	3rd	
August				
September				
October		\$	4th	
November				
December				
(3) (Line 3 Must Equal Line 2)				\$